

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 09 1996 8:00 am
Secretary of State

DOCUMENT # **401625** (9)

1. Corporation Name
MICHAEL AND TONI DESIGNS, INC..



Principal Place of Business: **6409 BAYSHORE BLVD. TAMPA FL 33611**
Mailing Address: **6409 BAYSHORE BLVD. TAMPA FL 33611**

3. Date Incorporated or Qualified 05/22/1972	3a. Date of Last Report 04/20/1995
4. FEI Number 59-2738596	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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9. Name and Address of Current Registered Agent

**ACKERMAN, TONI
6409 BAYSHORE BLVD
TAMPA, FL
33611**

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

11. Pursuant to the provisions of Sections 607.050 and 607.1504, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. They so accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.050, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: ST <input type="checkbox"/> DELETE	11. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: ACKERMAN, TONI	12. NAME
STREET ADDRESS: 6409 BAYSHORE BLVD	13. STREET ADDRESS
CITY-ST-ZIP: TAMPA, FL 00000	14. CITY-STATE-ZIP
TITLE: PD <input type="checkbox"/> DELETE	21. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BRAUN, MICHAEL	22. NAME
STREET ADDRESS: 6409 BAYSHORE BLVD	23. STREET ADDRESS
CITY-STATE-ZIP: TAMPA, FL 00000	24. CITY-STATE-ZIP
TITLE: <input type="checkbox"/> DELETE	31. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	32. NAME
STREET ADDRESS:	33. STREET ADDRESS
CITY-STATE-ZIP:	34. CITY-STATE-ZIP
TITLE: <input type="checkbox"/> DELETE	41. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	42. NAME
STREET ADDRESS:	43. STREET ADDRESS
CITY-STATE-ZIP:	44. CITY-STATE-ZIP
TITLE: <input type="checkbox"/> DELETE	51. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	52. NAME
STREET ADDRESS:	53. STREET ADDRESS
CITY-STATE-ZIP:	54. CITY-STATE-ZIP
TITLE: <input type="checkbox"/> DELETE	61. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	62. NAME
STREET ADDRESS:	63. STREET ADDRESS
CITY-STATE-ZIP:	64. CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included on this annual report or Supplemental Annual Report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or former officer or director responsible for the preparation of the report, Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this filing, or on an attached and written address.

SIGNATURE: *Toni Ackerman* S/T
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
TONI ACKERMAN

4/4/96 813-837-5084

CR2E034 (12/95)